

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

85

25657

1. PLACE OF DEATH

County Buchanan Registration District No. 1001 File No. _____
 Township _____ Primary Registration District No. _____ Registered No. 779
 City St. Joseph (No. St. Joseph Hospital) St. _____ Ward _____

2. FULL NAME Rudolph Schultz

(a) Residence, No. R F D #3 St Joseph Mo. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14, 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 3 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Joseph (STATE OR COUNTRY) Missouri

13. NAME Gottlieb Schultz

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Switzerland

15. MAIDEN NAME Madeline Wanger

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Switzerland

17. INFORMANT J. G. Schultz (ADDRESS) R F D #3 St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cem. PLACE St. Joseph Mo. DATE Aug. 7 1933

19. UNDERTAKER H. C. Shidenbader (ADDRESS) 1802 Union st St. Joseph Mo.

20. FILED 8-7-33 1933 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15 1932 to Aug. 4 1933
 I last saw him alive on Aug 4 1933. Death is said to have occurred on the date stated above, at 4 P. m.
 The principal cause of death and related causes of importance were as follows:

Myocardial Stenosis of heart
12617
1348
950
 Date of onset 1930
 154
 Other contributory causes of importance:
Branches Myocardium
Fracture of Left Femur
Hyperplasia of prostate
 Date of onset Jan 1928
Feb 1933
1930

Name of operation None Date of _____
 What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 2-15, 1933
 Where did injury occur? St. Joseph Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Slipped on floor in the hallway of hospital
 Manner of injury as stated above
 Nature of injury Fracture of left femur

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. L. Hershman M. D.
 (Address) 15-Charles St. Joseph Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

WRITE PLAINLY WITH UNFADING INK THIS IS A VITAL RECORD

